HOSPITAL CRM

A phased CRM rollout for hospital groups

Choosing the software is the easy part. Here is the order of work that avoids the usual traps.

Swipe →

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WHY PROJECTS STALL

The loop that kills a hospital CRM

- Licence signed, live in every unit at once
- Calls in one place, web forms in another, WhatsApp on personal phones
- CRM holds a fraction of demand, so reports are distrusted
- People stop entering data. The loop closes.

Root cause: the tool was bought before the definitions it depends on were agreed.

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PHASE ZERO

Decide what the CRM is for

1. Capture every enquiry with its source
2. Make sure every enquiry is answered and converted
3. Follow patients up after their visit

Loyalty programmes and predictive scoring can wait. CRM first, CDP later.

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PHASE ONE

Agree the data model centrally

- ✔ Patient identity and deduplication across units
- ✔ One fixed enquiry source taxonomy for every channel
- ✔ Service line and unit tagging from first touch
- ✔ Stage definitions: identified, contacted, booked, honoured, treated
- ✔ Consent per purpose, with withdrawal recorded, per DPDP

Keep the model small. Add fields only when a report or journey needs them.

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PHASE TWO

Test vendors against your model, not the demo

- Ask them to configure your stages, sources and consent record
- Does it handle telephony and WhatsApp natively?
- Can it read appointment and billing data from your HIS?
- Can your team change a journey without a change request?

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PHASE THREE

One pilot unit, every channel connected

- Contact-centre telephony creates or updates records automatically
- WhatsApp Business inside the CRM, not on personal phones
- Website forms, chat and landing pages tagged with agreed sources
- Appointment and billing data from the HIS
- Doctor and corporate referral entries

Exit test: the unit head runs their weekly review from the CRM, not their own register.

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PHASE FOUR

Roll out unit by unit

ORDER	Readiness, not hierarchy. Stable front desk and call volumes first
SAME KIT	Data model, journeys, integration checklist, training, local champion
LOCAL	Doctor availability, languages, service mix, escalation rules
NEVER LOCAL	Stage definitions, sources, consent handling

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IS IT WORKING

Six metrics that prove it

1. Share of total enquiries captured, checked against telephony
2. Enquiries answered within the agreed window, by unit and shift
3. Enquiry to appointment to visit conversion, by channel
4. Treated patients traced back to original source
5. Follow-up completion and data-quality exceptions trending down

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AVOID

Common implementation mistakes

- Going live everywhere at once
- Leaving WhatsApp or the contact centre outside the CRM
- Measuring leads instead of treated patients
- Consent as a checkbox, not a record with history
- Handing the system to IT when journeys belong to growth

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READ THE FULL GUIDE

Hospital CRM implementation, in full

- The phase-by-phase plan with owners and exit tests
- Governance that keeps the data clean
- What the board should see from the CRM
- gauravphogat.com/hospital-crm-implementation

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